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Relationship between clinical symptoms and ageing, Parkinson's disease

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Background and aims

Background: Ageing remains the biggest risk factor for developing idiopathic Parkinson's disease (PD).

Methods

This retrospective survey's data were obtained from the PD database of the neurology clinics at tertiary care hospitals from January 1, 2017 to mart 31, 2020.

Results

84 patients with PD (Female 80.6%), mean age 65.7 ± 7.4. The age groups of the patients were 21.8% in middle age, 78.2% old age, while young is not. The duration of the disease after the diagnosis was compared with the Hoehn and Yahr stage, these duration in second stage 1.7 ± 0.9 years; in third stage 5.7 ± 2.8 years; in fourth stage 8.8 ± 1.8 years; in fifth stage 11.4 ± 3.9 years, respectively ($p < 0.01$). Young-onset patients showed significantly longer duration to reach Stage IV, and V but shorter duration to develop wearing off and dyskinesia. In our study PD firstly diagnosed age was 59.4 ± 8.8, in other studies has found similar result that the prodromal stage of PD coincides with midlife. If diagnosed age was young, Hoehn and Yahr stage was increased ($p = 0.01$), (Table 1). Table.1 Hoehn and Yahr stage.

Firstly diagnosed age	II	III	IV	V	Total
Middle age between 40 and 59	17.8%	51.4%	41.4%	100.0%	44.8%
Old age more than 60	82.2%	48.6%	58.6%	0.0%	55.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Conclusions

Conclusion: Hoehn and Yahr transition time is a useful measure of disease progression in PD and may be used in clinical studies evaluating therapeutic interventions and prognostic factors in PD.

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Impact of Covid-19 on essential tremor and dystonic tremor: Experience of an Italian centre

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Background and aims

Covid-19 had a negative impact on movement disorders, but there are no studies on tremor. The only present studies regard the management of DBS and botulinum toxin. Our aim is to assess the impact of Covid-19 on Essential and Dystonic Tremor, with regard on non-motor symptoms and everyday life.

Methods

Self-administered survey, based on Hamilton Depression and Anxiety Rating Scale, SARA, Hospital Anxiety and Depression Scale. Motor evaluation (TETRAS) before and after lockdown.

Results

We analysed 26 patients. Depression worsened in 57,7% of them, anxiety in 26,9% and sleep quality in 34,6%. All these features are related between them and with the patient's level of education, higher in those who felt more depressed, anxious and had a worsened sleep quality. 19,2% of patients felt their difficulty in concentration increased during lockdown. This is related to the increase in anxiety. None of the features is related to TETRAS score or to years of age or of disease. 38,4% of patients know what telemedicine is,15,3% used it for a teleconsultation. 42,3% said quality of life worsened. 15,3% managed to practice physiotherapy during lockdown. Only one patient followed a physiotherapy video lesson. For most patients the major problems were the impossibility to go to the hospital and lack of social relationships. Most people emailed our centre to postpone appointments or to seek medical advice, only 1% for Covid-19 related issues and telemedicine consultations.

Conclusions

Covid-19 had a negative direct impact on non-motor symptoms of ET and DT and an indirect one, with quality of life repercussions.

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Study design to assess the effect of opicapone on levodopa pharmacokinetics in different levodopa-optimized treatment regimens in Parkinson's disease patients

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Background and aims

Opicapone (OPC) is a catechol-O-methyltransferase inhibitor with proven efficacy in the treatment of end-of-dose motor fluctuations in Parkinson's disease (PD) patients. Levodopa (LD) is considered the gold standard treatment of PD, yet comes with side effects including motor fluctuations and dyskinesia. Therefore, many physicians follow an LD-optimization strategy. This study was designed to assess the effect of OPC 50 mg once daily on LD pharmacokinetics (PK) in different LD/carbidopa (CD) treatment-optimized regimens in PD patients with end-of-dose motor fluctuations.

Methods

24 medically stable adult PD patients with a total daily LD/CD dose of 500/125 mg (preferably administered 5 times per day [Q5]) will be enrolled. From enrolment up to 14 ± 2 days, an LD/CD-reference treatment of 100/25 mg LD/CD Q5 (500/125 mg total daily dose) will be administered. At baseline, patients will be equally randomized to: Q4 LD/CD-regimen of 400/100 mg total daily dose plus OPC 50 mg Q5 LD/CD-regimen of 400/100 mg total daily dose plus OPC 50 mg Patients will maintain the LD/CD + OPC regimens